

BATTEY (Robt.)

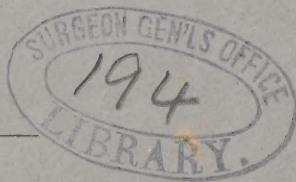
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Ovariotomy and Battey's Operation

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ALL SUCCESSFUL



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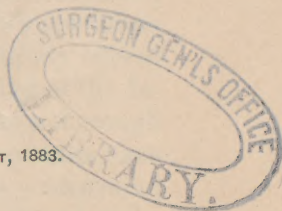
By ROBERT BATTEY, M. D.,

OF ROME, GA.,

Fellow of the American Gynæcological Society; Member of American Medical Association, Ex-President Medical Association of Georgia; Honorary Fellow of the Obstetrical Society of Edinburgh, of the Medical Society of Virginia, of Abingdon Academy of Medicine, of Augusta Medical Society, etc.

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The extraordinary results obtained in Great Britain within the last few years in ovariectomy and in Battey's operation, induced the writer to avail himself of the opportunity offered two years ago, by his attendance upon the meeting of the International Medical Congress in London, to make a thorough investigation into the methods by which these results have been obtained. Since his return home he has endeavored to put into practice such of his observations abroad as he deemed of especial value. The striking improvement in the success of his operations has been most gratifying, and he is induced to offer them to the profession of his own section for their encouragement in this line of study and labor.

CASE I.—Double Ovariectomy.

Aged 32; married, one child; health excellent up to the appearance of the tumor two years ago; never tapped; fine physical development, and superior mental culture. Multilocular cyst of the left ovary weighing 40 pounds, and small cyst of the right ovary of a few ounces; both removed. There were very extensive parietal and omental adhesions of a firm character, and a section of small intestine likewise adherent. Thirty-six carbolized silk ligatures were used to control hæmorrhage from the separated surfaces, and the oozing was still so considerable as to necessitate the expedient of Dr. Gilman Kimball, of Massachusetts, of bringing the inner surfaces of the abdominal walls in contact by quilled sutures passed far back from the line of incision in such manner as to leave a great roll of the approximated walls, like a Bologna sausage, up and down the abdomen. The pedicles were ligatured with carbolized silk and dropped free into the pelvis; a drainage-tube was lodged at the lower angle, and the wound closed by sutures of the same material. The spray was used, the instruments and sponges kept in carbolic solutions, and the wound dressed antiseptically. So heroic did the operation appear to the by-standers, none but the operator had any hope of her when she was put to bed. She however rallied well and went on from day to day to a slow but assured recovery.

It was interesting, when, upon the third day, the deep sutures were removed, to see the great roll of tissues lying up and down the abdomen gradually unfold and disappear as the approximated peritoneal walls slowly separated from each other and all became flat.

She recovered perfect health; had no return of the menses, which had been regular and quite profuse; and the following summer, educated lady as she was, she labored with her own hands in the cotton field, under our tropical sun, to aid her husband in securing a small honorarium for the surgical service.

Drs. Williams, Pearce, Allen, Huger, and Lovelace were present at the operation.

CASE II.—Double Ovariectomy.

Single, aged 22. This poor girl was brought to me by her widowed mother in deep distress and mortification. She was the orphan child of a Confederate soldier who had died upon the battle-field in our late war, leaving his dependent family to the cold charity of the world. How poorly was he

required for the sacrifice of his life! When the tumor began to enlarge her abdomen, the gray heads around her nodded significantly to each other, and soon the finger of scorn was pointed at her from every hand.

When brought to me, fatigued by her overland journey, she was much enfeebled. The pulse was 150 to the minute and the temperature 103.5° F. The abdomen was greatly enlarged and quite sensitive to the touch. The outlook did not seem at all encouraging. Reflecting a little upon the case, I became satisfied that the untoward symptoms were due to inflammation of the cyst, and in place of waiting in the vain hope of a better state of things, I made haste to remove the tumor with antiseptic precautions. The event amply justified the decision, for the pulse and temperature began at once to go downward, and she made a rapid and complete recovery. The cyst of the right ovary weighed 30 pounds; the left ovary with a small triple cyst was also removed. There has been no subsequent menstruation.

Drs. G. W. and J. B. S. Holmes and Lovelace assisted in the operation.

CASE III.—Battey's Operation.

Single, aged 25. She had been ten years an invalid—much of the time in bed. She suffered constantly with pelvic pain, at times of an agonizing character, and accompanied by epileptiform convulsions. Both ovaries were removed with antiseptic precautions, through an abdominal incision. One of the ovaries was much enlarged, and contained several small cysts. Her recovery was uninterrupted.

Three months after, she writes that she walks miles every day. Having so long been deprived of the power of locomotion, she now finds in walking her highest enjoyment.

The late Dr. George F. Cooper assisted at the operation. There has been no return of the menses.

CASE IV.—Battey's Operation.

Married 16 years; aged 36; no children. Long a martyr to oöphoralgia, with great nervous disturbance, and a confirmed opium habit. Notwithstanding her great and constant suffering, she has become quite fleshy. So thick were the abdominal walls, it was deemed best to seek the ovaries by the vaginal route, as they seemed quite accessible by that direction; antiseptic precautions were used, as far as is practicable in that method of operating. The ovaries were removed cleanly and with facility. The recovery was as

prompt as could be desired, and the menopause complete. But thus far it has been impossible for her to summon her resolution sufficiently to grapple with the opium habit, which she still continues. Her neuralgias still trouble her, but in much less degree, and doubtless she will continue to do so until she can nerve herself to abandon morphia.

Dr. Greer assisted me with this operation.

CASE V.—Double Ovariectomy.

Married, aged 32; four children. Tumor observed two years ago in left side of the pelvis; tapped a year ago by aspirator, 56 ounces. The abdomen is full and tense, projecting boldly forward. Tumor very fixed, dips down in Douglas' pouch. The os uteri is high up above the pubis, suggestive of uterine tumor. The *facies ovariana* is very marked; quite thin in flesh but has good appetite, clean tongue and regular bowels. The uterine sound enters the cavity of the uterus five inches. I proposed an exploratory incision to perfect the diagnosis and to see if it be possible to remove the tumor, frankly telling her, at the same time, that I would be glad if she would decline even this and return to her home. She was fully committed to the operation and bravely determined to make a bold struggle for her life.

With my usual antiseptics, an incision was made and afterwards extended quite to the umbilicus. The uterus was found in front of the tumor, greatly elongated—drawn out, as it were, like a piece of molasses candy—more than half-way to the umbilicus. The tumor involved the left ovary, was adherent to the omentum, to the posterior wall of the uterus, to the left Fallopian tube, to the sigmoid flexure of the colon, to the rectum and to the left pelvic wall. The adhesions were separated; a good pedicle was found, ligatured with carbolyzed silk and dropped back. The cyst weighing 30 pounds, consisted of one principal sac containing three gallons of thick, greenish brown stuff like dense molasses, and several other sacs, varying in size from that of a large orange to a walnut, with greenish, gelatinous pus. The right ovary, degenerated into a collection of gelatinous cysts as large as an orange, was also removed. Twelve carbolyzed silk ligatures were used upon the divided adhesions, and the same material was employed for ligatures and sutures throughout. She was put to bed in forty minutes, in capital condition; the pulse was full and good.

Drs. G. W. Holmes, J. B. S. Holmes, Lovelace, McCurry, H. H. Battey, T. M. Holmes, and West assisted.

On the twentieth day she was dressed and about the house as usual, and upon the twenty-fourth day returned to her home in Alabama sound and well. I saw her six months afterwards in perfect health. There has been no return of the menses.

CASE VI.—Battey's Operation.

Married, aged 35; three children. Chronic uterine disease for ten years, with oöphoralgia, which has resisted all treatment. Nervous system much shattered. Both ovaries cleanly removed by antiseptic laparotomy. The operation was done with great facility and lasted but fifteen minutes. The ovaries were both diseased.

Drs. G. W. and T. M. Holmes, and H. H. Battey assisted.

She made a rather slow but sound recovery. After the lapse of twelve months she is greatly improved every way, but is not entirely well yet. The menopause is complete. She will continue to improve for a year or two more.

CASE VII.—Battey's Operation.

Married, aged 26; no children. For some years she has been the victim of oöphoralgia and hystero-epilepsy. Both ovaries removed by antiseptic laparotomy, in St. Joseph's Infirmary at St. Paul, Minn.

Drs. Marcy, of Boston, Nelson, of Chicago, Norton, of Detroit, Munn and Haskell, of St. Paul, were present; Dr. Marcy, a pupil of Mr. Lister, kindly superintended the antiseptis.

The ovaries were enlarged and altered in structure; the left Fallopian tube was much inflamed, enlarged, somewhat sacculated, and from the fimbriæ depended, by a slender pedicle, a beautiful pellucid cyst one inch in diameter. The tube was removed. The patient made a slow recovery. In three months she was much improved; the menses continued but without pain. When last heard from, the time was too short to indicate final results.

CASE VIII.—Battey's Operation.

Single; aged 26; inmate of the Alabama Insane Hospital; ovarian insanity aggravated by the menstrual paroxysms—nymphomania. The ovaries were removed by antiseptic laparotomy in presence of Drs. Bryce (Superintendent of the institution) and Searcy and the hospital staff. Doubts were expressed of the efficacy of the operation as to the nymphomania, as experience had proved that the sexual sense is not removed with the ovaries; but it was hoped to restore the

mental balance by arresting the monthly paroxysms, and that the sexual erethism might be controlled by the balanced intellect. The rapidity of her recovery, without an untoward symptom, was matter of surprise to Dr. Bryce, who watched her convalescence.

Dr. B. writes, of recent date: "I am glad to be able to give you an encouraging account of * * * * on whom you operated a year ago. I believe I told you the wound healed rapidly, without a single untoward event—without pain or fever. I am glad now to tell you that she has been gradually improving, both in mind and body, ever since the operation, and I trust will soon be able to return and live at home with her parents. I would have sent her home before this, but for the fact that she suffers occasionally from the most tormenting * * * * and is afraid to trust herself away from the restraints of the hospital. But for this condition, she could have returned home months ago. In proper cases, I think a great deal of Battey's operation, but it requires *time* for the development of its best results."

CASE IX.—Double Ovariectomy.

Married; aged 44; one child, aged 22. No subsequent pregnancy. The tumor had existed more than nineteen years. She had been three times tapped and the case pronounced, by good authority, to be chronic ascites. She was much emaciated; the *facies ovariana* very marked. The abdomen was greatly distended, flattened, and gave a dull percussion sound everywhere, and fluctuation was marked throughout, not to be distinguished from advanced ascites. By repeated examinations the differential diagnosis was made satisfactory, and an operation confidently advised. This was done antiseptically, Drs. Green and Johnson, of Talladega, and H. H. Battey assisting. The tumor weighed nearly fifty pounds—a very thin-walled cyst of the right ovary, free of adhesions and with a good pedicle. The left ovary being cystic, as large as a goose egg, was also removed.

When the tumor had been lifted out, Dr. Green, looking down into the empty abdomen, asked, with evident surprise, "Doctor, where are her bowels?" The question seemed a pertinent one, for the intestines were nowhere to be seen; the cavity was as clean and empty as that of a slaughtered hog hanging in a butcher's stall. When the wound was closed, the lax abdominal wall lay upon the lumbar spine. The patient rallied well and went smoothly on to an assured and perfect recovery, without a single drawback. It was

several weeks before the intestinal mass came down from its hiding place beneath the ribs to fill the vacuum in the abdomen. The general health was perfectly regained, the menopause was complete, and she took on flesh to the extent of forty pounds, with a new lease of life and happiness.

CASE X.—Battey's Operation.

Married; aged 28; two children. Abortion in 1875, followed by metro-peritonitis of a violent type. In 1881, she was down six weeks with pelvic peritonitis. She complains of constant pain in the left ovary which nothing removes, and which is aggravated by the menses; the latter recur at intervals of three weeks and are quite profuse. She is reduced in flesh and much broken down by her sufferings. Both ovaries were removed by antiseptic laparotomy, in the presence of Drs. Holmes, Hunt and H. H. Battey. Both ovaries were diseased, and the tubes being firmly adherent were likewise removed. A floating kidney in the right side was not disturbed. The sufferings of the patient had led her to contract a moderate morphia habit, and one-grain doses were required to quiet the nerves. Her recovery was a little tardy, but she returned home comfortable on the thirtieth day.

CASE XI.—Battey's Operation.

Single; aged 19; menses at 13; always irregular and painful. For three years she had been confined to bed, unable to sit or stand, on account of pelvic and sacral pain. There is much pelvic tenderness as well as at points along the spine. The pelvic pain is intensified at her periods, which recur at intervals from five to eight weeks. Local treatment of the uterus for two years has not improved her. She requires morphia daily. Both ovaries removed by antiseptic laparotomy. Drs. G. W. and T. M. Holmes, Lovelace and H. H. Battey assisting. Both ovaries were cystic as well as the parovarium.

She made a good recovery; the maximum pulse 108, and temperature 100.6°. The eventual result is not yet developed; so demoralized is her nervous system, the restoration must be slow.

CASE XII.—Battey's Operation.

Single; aged 25; ten years an invalid; last two years much of her time in bed. She has borne her sufferings heroically, and has not abused opium. The right ovary is

much enlarged, and has been for years extremely tender and the seat of constant pain. Both ovaries removed by antiseptic laparotomy, in the presence of Drs. G. W. and T. M. Holmes, H. H. Battey and Mrs. Battey. The ovaries were both adherent to surrounding structures, both enlarged and cystic; the right one, as large as a hen's egg, contained a cyst which was ruptured in manipulation, and its contents, of a chocolate brown thick stuff, escaped into the pelvis. Two pellucid cysts of the tubes were also removed. The pelvis was cleaned out and a rubber drainage-tube lodged at the lower angle of the wound; carbolized silk used throughout. The maximum pulse was 110, temperature 101.4° F.

The recovery was prompt and complete—indeed, she seemed to rebound like an India rubber ball, and pass immediately from her bed of languishing to a state of robust health and perfect happiness. In three months, she was able to distance my own rosy and vigorous daughter in a foot-race of fifty yards, and in six months could walk three miles with ease and comfort. How is it that a member of the Obstetrical Society of London can, in debate, pronounce Battey's operation "a detestable proceeding," in precisely this class of cases? Could anything be more satisfactory, more beneficent? The menses have, curiously enough, continued regularly, but entirely free from suffering.

CASE XIII.—Single Ovariectomy.

Married; aged 22; confined a year ago of an only child, which perished in a few days. She "did not go down" after her confinement as she should have done, but continued to enlarge. For a year prior to confinement, she had made frequent complaint of pain in region of *left* ovary. She was tapped five times—the first on 10th April, 1882, and last on 19th December, 1882. The cyst fills more rapidly after each tapping, and the average amount drawn at each sitting is two and a half gallons. After tapping, a moderate sized mass of solid material is left in the pelvis; this is free, and can be pushed upwards above the pubis. She is quite full now (January 14th, 1883); the abdomen projects strongly forward, the mobility is wanting and parietal adhesions are suspected. The general health is fair, tongue furred, appetite poor, bowels well opened. The pulse is remarkably quick and small.

I was invited by my friend Prof. Westmoreland, of Atlanta, to operate on this case, and the tumor was removed

with his assistance with antiseptic precautions. Drs. Fitts and Cole, of Carrollton, were present also. The tumor proved to be of the right ovary, although the pelvic pain had been always upon the left side. Parietal adhesions, of say eight square inches, were separated in the umbilical region. There were also omental adhesions and others to the left iliac parieties; the pelvis was free. The tumor consisted of a large cyst of two and a half gallons capacity, a smaller cyst of half gallon, and numerous still smaller cysts at the base, filled with colloid material. Within the large cyst, and in its left wall, was found a mass, perhaps a pound and a half in weight, of mingled colloid and encephaloid looking material—evidently ovarian cancer. It was situated quite two and a half inches from the point of separation, and was completely removed.* The pelvis was well sponged out and the abdomen closed with carbolized silk without drainage-tube. She rallied well, was very comfortable, but with the small, quick pulse before observed, slight nausea and moderate thirst. At 8 P. M., the pulse was 120 and temperature 101.5° F.; sleeping quietly; thirst, but no nausea. When I left her at 5 A. M., the pulse was 130, quite small and weak; temperature 101°; comfortable and sleeping well under moderate opiate. She made a rather slow recovery, but regained her health fully.

CASE XIV.—Battey's Operation.

Single; aged 25; ten years an invalid, with intense ovarian pain, which has confined her to bed entirely for four years. She has exhausted every resource within her reach, and completely worn out her physicians and her friends; has contracted a confirmed morphia habit. Both ovaries were antiseptically removed by laparotomy, assisted by Drs. England, Richardson, Harris, Liddell and Chisolm. The right ovary, which had been the chief seat of pain, was enlarged to thrice its normal dimensions; the left was also enlarged, and both were cystic. The left tube being cystic, was also removed. She made a good recovery without complication. The menopause is complete, and the cure progressing as satisfactorily as could be expected. The nervous system has been sadly demoralized, and time must necessarily elapse before the full results can be looked for.

*This form of cancer, if completely extirpated, does not, in general, return either in the pelvis or elsewhere.

CASE XV.—Battey's Operation.

Single; aged 30; suffered fifteen years with dysmenorrhœa and oöphoralgia; nervous system much broken down; thin and emaciated. She spent some months with Dr. Marion Sims, in New York, who incised the cervix with but partial relief, and diagnosticated chronic oöphoritis of the right side, and advised Battey's operation if the trouble persisted. As her complaint is only of the right ovary, she exacted of me a promise to leave the left if I should find it healthy, which promise I gave her reluctantly, as it is in opposition to my judgment and experience. The uterus is small; slightly retroverted; not tender; no leucorrhœa. She has been for years bed-ridden, but not enslaved to opium; tongue clean; bowels regular; appetite poor. Both ovaries removed by antiseptic laparotomy; assisted by Drs. Holmes, Wells and H. H. Battey. The ovaries were free, and the tubes healthy. The right ovary normal in size, but much corrugated; covered by a thick, tough tunic of a dirty white hue; contained a ruptured follicle of apparently two or three weeks, and three small cysts, one of which burst in removal. The left ovary was one-half larger in size, with a similar tough corrugated tunic, a recently ruptured follicle discharging dark grumous blood; also five cysts. Recovery uninterrupted; temperature did not exceed 99.8°, and for only a few hours did the pulse go above a hundred. The menopause is complete, but the operation is too recent to develop the final results.

CASE XVI.—Single Ovariectomy.

Married; aged 43; no children; miscarriage ten years ago. She has carried the tumor three years; is much broken down; greatly dispirited, and altogether wretched. Diagnosis, ovarian cystoma; uterus is in front, and elevated above the pubis; cavity five inches; can detect no uterine tumor, and the enlargement of the cavity is not explained. May it not be drawn out by adhesion, as in Case V?

Assisted by Drs. H. H. Battey, Lovelace, Hammond and Tigner, the tumor was removed with antiseptic precautions. The ether produced cough, and the trachea was embarrassed by accumulated mucus. The tumor was unattached, except to the right horn of the uterus, lifting the organ out of the pelvis and elongating it. There was one large cyst containing a thick, translucent albuminoid stuff like castor oil, with several small gelatinous cysts below. The left ovary was sound, but atrophied. The convalescence was rapid; no

fever; no pain; did not require opiates at all. She returned home by rail on the twenty-first day. Three months after she reports herself feeble and troubled with her eyes.

CASE XVII.—Battey's Operation.

Single; aged 25; has been for ten years a sufferer with ovarian dysmenorrhœa. For four years past, the paroxysms have become much intensified and recur repeatedly in the interval of menstruation, requiring steadily augmented doses of morphia. The hymen was dilated and the uterus found in situ and healthy; the ovaries extremely sensitive.

Assisted by Drs. G. W. and J. B. S. Holmes, Lovelace, West and H. H. Battey, both ovaries were removed by antiseptic laparotomy. The right ovary was more than double size; contained a recently ruptured follicle and two cysts which gave way in their removal, and discharged a yellow liquid. The left ovary appeared normal, and contained also a recently ruptured follicle. The tubes were healthy, and were left undisturbed. The recovery was prompt and good, so far as the operation was concerned, but, from certain idiosyncrasies of the patient, difficulty and delay were encountered in unloading the bowels; her secretions became deranged, and in the fourth week she became somewhat jaundiced. There was no trouble whatever with the wound or the pelvis. The arrest of all pelvic pain has been prompt and complete. She has passed two periods without menstrual sign, and the outlook is as bright as can be for the future, though she has yet to bear the test of time.

This promises to be one of the cases which bound at once from agonizing pain into complete ease and comfort.

CASE XVIII.—Single Ovariectomy.

Married; aged 54; no children; changed life at 50; good health always until six years ago, when she began to experience pain in the left ovary, which has continued since; no pain in the right side. About the "change" she began to enlarge. June 6th, 1882, she was tapped—three and one-fourth gallons of straw-colored liquid. Again tapped December 8th; half gallon only obtained.

There is a large cyst which occupies the abdomen from side to side, and bulges the short ribs; fluctuates freely. A smaller cyst below occupies the hypogastric region; abdomen dull everywhere on percussion. In the pelvis, there is fluctuation and but little solid material. The uterus is atro-

phied and pressed backwards into the hollow of the sacrum; no evidence of adhesions.

Antiseptic ovariectomy was done, assisted by Drs. Holmes, H. H. Battey and West. A half pint of serum escaped on opening the abdomen; a thirty-pound tumor was removed with facility, consisting of one large cyst above and a smaller one below; no adhesions, and but little solid material; pedicle of good length and thin, sprang from the left side. The right ovary was healthy, but atrophied. There were two small sub-peritoneal fibroids springing from the uterus, which, although inviting removal, were not interfered with. There was no shock; the convalescence was only eventful in the remarkable absence of pain or fever; no medicine was required; not even a dose of paregoric. Only once did the pulse exceed 100, and the maximum temperature was 99.8°. She slept much of the time by day as well as by night during the first ten days, but it was natural sleep.

REMARKS.—It will be seen from the brief history given that these cases were for the most part favorable ones, but not without complications. They were not selected at all, but each case was operated upon as presented.

The antisepsis was not strictly Listerian. It consisted in the use of the spray by a very superior German silver instrument, long used by Mr. Lawson Tait, of Birmingham, England, who was kind enough to offer it to me on my visit to him in 1881, that I might "bring it to America just to show how not to do it," as he pleasantly remarked. I find this atomizer an admirable apparatus; it throws an ample spray to a long distance, and will maintain it for two hours. I use a two-and-a-half per cent. solution of carbolic acid, and the same for instruments and sponges, which are kept constantly immersed. Carbolicized silk is alone used for ligatures and sutures. Precaution is observed that only clean and pure hands touch the abdomen. The greatest care is used in the purification of instruments and sponges. The wound is dressed with carbolic cerate surmounted by a mass of loose raw cotton and flannel bandage.

It is a notable fact that since my last visit to Europe, the success of these operations in my hands has markedly improved. Why is this? In looking the ground over, I find myself at a loss to attribute the gain to any one thing. With-

out entering upon the discussion of the vexed question of bacterian influences, it is a well settled fact that a good, pure atmosphere is a most valuable aid to successful surgery. An observation of thirty-five years in this mountain region of Georgia, has fully satisfied me that wounds of all kinds, without antiseptics, heal with a promptness and absence of complications which I have nowhere else observed, either in America or in Europe.

It has been my habit, and still is, to lay aside the so-called "dignity of the profession," when occasion arises, and to take hold with my own hands and assist in the nursing in any and every way that the safety of my patient may require.

Experience and skill in this operation certainly should have high rank in estimating the chances of success. To neither of these, however, can the sudden and marked alteration in my results be attributed. I am myself inclined to look first to the observance of *extreme cleanliness* in hands, instruments, sponges, bedding, furniture, etc.; second, to the discarding of the *écraseur* as an instrument full of crevices for the lodgment of filth, very difficult to clean and full of danger to the patient; thirdly, the use of hæmostatic forceps which materially shorten the time of operating, save blood and lessen shock.

Of the spray and the use of carbolic acid in general, whilst I think it has been pretty clearly shown by Keith, Bantock and Tait that neither is essential to the highest success, and when strong may even prove poisonous to patient and surgeon, I feel assured that weaker solutions do no harm, and think they may serve to guard the patient against any slight imperfection in the details of cleansing. Quite sure am I that my own results, with the acid and the spray, are now as good as I could desire—let those who can get the same results without these aids do so. For myself, I am content to hold them as valuable assistants until their utter uselessness has been more conclusively shown.

My experience has been uniform upon one point, namely: When I have yielded to the solicitation of a patient and operated at her distant home, leaving her in the hands of her

family physician, the convalescence has been unduly slow and not satisfactory. In a few cases, they have gone beneath the sod when I could but feel that they might have been saved.

The friends of a patient are by no means the best nurses for an ovariectomy case. Whilst in England I was assured that no operator who had any character to lose would venture to stake it upon an operation to be done under such disadvantages. They all require their cases to come to them, and put them into the hands of their trained nurses.

